DURKEE & ASSOCIATES

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Received

mm 24 AM 11:05

COVER PAGE

Please type of print in Ink.

A Public Document (FIRST) DAYTIME TELEPHONE NUMBER NAME (LAST) Gilbert Cedillo STREET STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS MAILING ADDRESS CITY (Business Address Acceptable, 1. Office, Agency, or Court 4. Schedule Summary Name of Office, Agency, or Court: Total number of pages including this cover page: -State Senate Division, Board, District, if applicable: ➤ Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the Your Position: attached schedules: ► If filing for multiple positions, list additional agency(ies)/ Invesiments (Less than 10% Ownersnip) position(s): (Attach a separate sheet if necessary.) Investments (10% or Greater Ownership) Agency: ___ Schedule B Yes - schedule attached Position: Real Property Yes – schedule attached Schedule C Income, Loans, & Business Positions (Income Other than Gifts 2. Jurisdiction of Office (Check at least one box) and Travel Payments) XI State Schedule D Yes - schedule attached County of Income - Gifts City of ___ Schedule E Yes - schedule attached Income - Gifts - Travel Payments Multi-County _____ Other ___ -or-No reportable interests on any schedule 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: ____/___ 5. Verification Annual: The period covered is January 1, 2009, I have used all reasonable diligence in preparing this through December 31, 2009. statement. I have reviewed this statement and to the best -orof my knowledge the information contained herein and in any O The period covered is ______ through attached schedules is true and complete. December 31, 2009. I certify under penalty of perjury under the laws of the State Leaving Office Date Left of California that the foregoing is true and correct. (Check one) O The period covered is January 1, 2009, through the date of leaving office. **Date Signed** -Or-O The period covered is ___/___, through Signatur the date of leaving office. Candidate Election Year: ____

FPPC Form 700 (2009/2010)

FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov



SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Gilbert Cedillo

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF COURSE	NAME OF SOURCE
NAME OF SOURCE	
IRIDIUM Concesiones de Infrastructuras, S.A. ADDRESS (Business Address Acceptable)	Parllament Catalonia ADDRESS (Business Address Acceptable)
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
Avda. Comino de Santiago, 50-28050-Madrid	Parc de la Ciudadela, 08003 Barcelona - Spain
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Infrasctructure development company	Government
DATE(S): 10 / 05 / 09 / AMT: \$ 99.50	DATE(S): 10 / 06 / 09 . 08 / 12 / 09 AMT: \$ 4,200.00
TYPE OF PAYMENT: (must check one) 🔀 Gift 📋 Income	TYPE OF PAYMENT: (must check one) 🔀 Gift 📋 Income
DESCRIPTION: Lunch	DESCRIPTION: Ground transportation, meals and cultural activities.
	activities.
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):
(If applicable)	()f applicable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
	, L
DESCRIPTION:	DESCRIPTION:
Comments:	
	and the same of th

O The period covered is ______, through

the date of leaving office.

Election Year: _

Candidate

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

MAR - 1 2010

Please type or print in ink.

2010 MAR - 1 PM 5: 124 Public Document

R POLITICAL OFS COMMISSING

A				
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTI	ME TELEPHONE NUMBER
Cedillo	Gilbert			**************************************
MAILING ADDRESS ST (Business Address Acceptable)	REET CITY	STATE	ZIP CODE OP	FIONAL: E-MAIL ADDRESS
(Dualities Accidentation)				
- 44				
1. Office, Agency,	or Court	4. Schedule	Summary	
Name of Office, Agency	, or Court:	► Total number		
State Senate		including this	cover page:)
Division, Board, District,	if applicable:	► Check applica interests."	ble schedules or "	No reportable
Your Position:		I have disclose attached sched	ed interests on one (Jules:	or more of the
	ositions, list additional agency(ies)/ a separate sheet if necessary.)		Yes - schedule s than 10% Ownership)	attached
, , , , ,)	☐ Yes – schedule (or Greater Ownership)	attached
Position:		Schedule B Real Property	Yes - schedule	attached
2. Jurisdiction of	Office (Check at least one box)	Schedule C Income, Loans, and Travel Payment	☐ Yes – schedule & Business Positions (s)	
X State		Schedule D	X Yes - schedule	attached
County of		Income - Gifts	ES 103 Deligació	gecoi i po
City of		Schedule E	Yes - schedule	attached
☐ Multi-County		Income - Gifts - Travel Payments		
_			-or-	
		No reportab	le interests on any	cchadula
3. Type of Stateme	ent (Check at least one box)		ne interests on any	Schedule
☐ Assuming Office/Initi	al Date:/			
Annual: The period through December 3	covered is January 1, 2009, 11, 2009.		reasonable diliger	nce in preparing this
	-or-	,		ement and to the best ained herein and in any
O The period covered December 31, 20	ed is/, through 09.	attached schedul	es is true and comp	lete.
Leaving Office Dat (Check one)	e Left:/		t the foregoing is t	1
O The period covered date of leaving of	ed is January 1, 2009, through the fice.	Date Signed	Fob. 26/	2010
	-or-		w with a	

FPPC Form 700 (2009/2010)

nally signed statement with your filing official.)

FPPC TOIL-Free Helnima. Oceracy ran-

Signature

SCHEDULE D Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	
Gilbert Cedille	0

► NAME OF SOURCE	➤ NAME OF SOURCE	
California Forestry Association	California Building Industry Association	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1215 K St., Ste 1830, Sacramento, CA, 95814	1215 K St., Ste 1200, Sacramento, CA, 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
01 / 12 / 09 s 45.51 dinner (The Esquire	04 / 15 / 09 s 33.07 reception	
/	04 , 15 , 09 s 93.75 dinner	
	\$	
► NAME OF SOURCE	► NAME OF SOURCE	
California Cotton Ginners and Growers Assoc.	TechAmerica	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1785 N. Fine Avenue, Fresno, CA, 93727	1215 K St., Ste 2140, Sacramento, CA, 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
04 , 23 , 09 s 45.00 6 pack cotton towels	05 , 13 , 09 s 10.00 chocolate computer	
	\$	
ss	\$	
NAME OF SOURCE	► NAME OF SOURCE	
California Credit Union League	Maersk Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1215 K St., Ste 1050, Sacramento, CA, 95814	P.O. Box 880, Madison, NJ, 07940	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
06 , 27 , 09 s 20.80 reception	09 , 27 , 09 _{\$} 420.00 transportation, meals,	
	and cultural activities	
\$	s	
Comments:		

SCHEDULE D Income - Gifts

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES CO	MMISSION
Name	
Gilbert Cedillo)

► NAME OF SOURCE	NAME OF SOURCE
Southern Califonria Edison	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
224 Walnut Grove Ave., Rosemead, CA, 91770	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 17 , 09 s 16.50 holiday ornament	\$
	1
	\$
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Nacital (dasinas riskas riskapistic)	ACOUNTED (MISSINGS) MAGICAL MODERATION
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
DATE (HIMMONY) VALUE DESCRIPTION OF GIFT(S)	DATE (MINUSHYY) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
NAME OF SOURCE	► NAME OF SOURCE
MARIE OF SOURCE	INVITED SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Suprass Address Assentable)
ADDRESS (GUSINESS AGREPTANTE)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	DUCINECS ACTIVITY IF ANY OF COURSE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	DESCRIPTION OF OUT OF
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 1 6	
\$	\$ \$
Comments:	